

| |
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| Meeting Date |
| 8/18/2015 |



| | |
|----------|---------|
| AGENDA | |
| Section | CONSENT |
| Item No. | II.B.1 |

**AGENDA REPORT
BREVARD COUNTY BOARD OF COUNTY COMMISSIONERS**

| | |
|---------------------|--|
| SUBJECT: | APPROVAL RE: REQUEST FOR PROPOSALS FOR LOCAL GOVERNMENT CONTRIBUTION FOR FLORIDA HOUSING FINANCE CORPORATION PROGRAMS (NO FISCAL IMPACT) |
| DEPT/OFFICE: | COMMUNITY SERVICES GROUP / HOUSING AND HUMAN SERVICES DEPARTMENT |

Requested Action:
It is requested that the Board of County Commissioners (BOCC) approve the attached open Request for Proposal (RFP) and process for local government contribution for Florida Housing Finance Corporation Programs, designate the Affordable Housing Council as the Selection Committee, and authorize the Chairman to sign local government Verification of Contribution Forms upon review and approval of the County Manager's Office.

Summary Explanation & Background:
Annually, the Florida Housing Finance Corporation (FHFC) advertises the availability of funding through the Tax Credit, State Apartment Incentive Loan (SAIL), and Revenue Bond Programs. These programs are designed to assist developers with the acquisition, rehabilitation, or new construction of large scale (typically more than 8 units) affordable rental housing. The use of these programs subsidize the cost of developing rental units, thereby lowering the rent and affording lower income households the opportunity to live in decent, safe, and affordable housing units.
To receive maximum points and, in some cases to qualify, these programs quite often require developers to include in their applications signed local government Verification of Contribution Forms. These forms are for available incentives (such as impact fee waivers), expedited permitting, and/or local government monetary contributions that support the development of affordable housing. Typically, developers with projects in Brevard County submit ten (10) requests annually to FHFC with only one (1) chosen every two (2) years for funding. These programs are very competitive.
These state solicitations occur sporadically and developers are often given limited notice to respond. By having a BOCC approved selection process in place, the Housing and Human Services Department (HHS) will be able to respond timely and fairly to requests for support on projects that will increase the availability of affordable housing in Brevard. This will be an open RFP process, but applicants will be required to tie their applications to specific Requests for Applications (RFAs) from the State and resubmit for each RFA that is applied for. Additionally, projects that are within the boundaries of cities must submit proof of project approval from the corresponding municipality.

(continued on next page)

| | | | | | |
|--|--------------------------|-----------------------------|---------------------------------|--|---------------------------------|
| Clerk to the Board Instructions: | | | | | |
| Exhibits Attached: (1) Request for Proposals for Local Government Contribution for FHFC Programs | | | | | |
| Contract /Agreement (If attached): | | Reviewed by County Attorney | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | PR <input type="checkbox"/> N/A |
| County Manager | Assistant County Manager | | Department Director / Extension | | |
| Stockton Whitten | Venetta Valdengo | | Ian Golden, Director (X52007) | | |

The RFP will be advertised annually in Florida Today and placed on the Brevard County Housing and Human Services Department Website. When state funding is available, Developers requesting a local government monetary contribution through the Brevard County Board of County Commissioners will be required to complete the attached Request for Proposal. RFPs submitted in compliance with the process (no disqualifying criteria) will be forwarded to the Affordable Housing Council (AHC) for review, scoring, and selection. Local government Verification Contribution Forms will be completed by HHS staff for selected applicants, and forwarded to the BOCC Chair for signature after review and approval of the County Manager's Office.

The local government monetary contribution will be obligated from SHIP and HOME grant funds, which, depending upon funding availability, could limit the number of selections from the AHC. Only projects approved for State funding by FHFC will be eligible to receive the local government contribution, and all other funds will be de-obligated. All approved projects will come back to the BOCC for final contract approval.

Fiscal Impact: FY 14/15 – The approval of this action will have no fiscal impact to the general fund. SHIP and HOME Grant funds will be obligated to fund State approved projects.

FY 15/16 – There will be no fiscal impact to the general fund. SHIP and HOME Grant funds will be obligated to fund State approved projects.

Contact: Chenita Joiner, Community Development and Resource Manager (633-2007)



August 19, 2015

MEMORANDUM

TO: Ian Golden, Housing and Human Services Director Attn: Chenita Joiner

RE: Item II.B.1., Request for Proposals for Local Government Contribution for Florida Housing Finance Corporation Programs

The Board of County Commissioners, in regular session on August 18, 2015, approved Request for Proposals (RFP) and process for local government contribution for Florida Housing Finance Corporation Programs; designated the Affordable Housing Council as the Selection Committee; and authorized the Chairman to sign local government Verification of Contribution Forms, upon review and approval of the County Manager's Office.

Your continued cooperation is greatly appreciated.

Sincerely yours,

BOARD OF COUNTY COMMISSIONERS
SCOTT ELLIS, CLERK

Tammy Etheridge, Deputy Clerk

cc: Finance
Budget

**BREVARD COUNTY BOARD OF COUNTY COMMISSIONERS
HOUSING & HUMAN SERVICES DEPARTMENT**



**REQUEST FOR PROPOSALS FOR
LOCAL GOVERNMENT CONTRIBUTION
FOR FLORIDA HOUSING FINANCE CORPORATION PROGRAMS**

DEADLINE FOR SUBMISSION OF PROPOSALS

Applications will be accepted from the date of issuance of an applicable Request for Applications (RFA) by Florida Housing Finance Corporation (FHFC) and must be received no later than twenty one (21) business days prior to the FHFC due date.

Brevard County Housing and Human Services Department
2725 Judge Fran Jamieson Way, Building B, Suite 106
Viera, FL 32940
(321) 633.2076 Phone
(321) 633.2170 Facsimile

Ian Golden, Director

INSTRUCTIONS

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PROGRAM DETAILS

The Brevard County Housing and Human Services Department has established an application for developers applying for Florida Housing Finance Corporation tax credits, State Apartment Incentive Loan (SAIL) funds, and/or revenue bonds for a proposed development located in Brevard County. This RFP and supporting documentation may be found at:

<http://www.brevardcounty.us/HumanServices/HousingPrograms/AffordableHousingProgram>

Eligible Projects: Exclusively for use by developers who will apply for, and receive, Florida Housing Finance Corporation tax credits, State Apartment Incentive Loan (SAIL) funds, and/or revenue bonds for a proposed development.

Terms: For acquisition, acquisition/rehab or new construction of affordable housing. The units will remain affordable for the following terms:

- 15 years for amounts up to \$24,999
- 20 years for amounts \$25,000 to \$49,999
- 25 years for amounts \$50,000 to \$100,000
- 30 years for amounts above \$100,000

AVAILABILITY OF FUNDS

Funding is subject to availability. In every instance the minimum contribution required by Florida Housing Finance Corporation will be provided. Brevard County reserves the right to reduce, amend, and/or rescind this funding opportunity at any time prior to the final award and approval of any contract or agreement by the Board of County Commissioners.

GENERAL INSTRUCTIONS

- Submitted applications must be completed in a Microsoft Word format and follow the outline provided on the Housing Application.
- Number and answer each question on the application; indicate Not Applicable if appropriate.
- **Incomplete applications will not be considered.**
- Respondents must submit: one (1) original printed and signed application and eleven (11) application copies that are two sided. The original and copies must be three (3) hole punched on the left side, with labeled tab dividers.
- The original printed application should be placed on a thumb drive in a Word or PDF format.
- Mail or hand deliver applications no later than 11:00 a.m. 21 business days prior to the Request for Application (RFA) due date by Florida Housing Finance Corporation.

- Contact Dorenda Christian at dorenda.christian@brevardcounty.us or Natasha Jones at natasha.jones@brevardcounty.us or call (321) 633-2076 with questions about the application.

Brevard County Housing and Human Services Department
c/o Dorenda Christian or Natasha Jones
Building B, Suite 106
2725 Judge Fran Jamieson Way
Viera, FL 32940

SELECTION CRITERIA

Selection preference will be given to those respondents that clearly address the Priority Needs as defined in the Brevard County Consolidated Plan for Housing and Community Development which is located at: <http://www.brevardcounty.us/HumanServices/HousingPrograms/AffordableHousingProgram>

Selection criteria will include, but may not be limited to, the following considerations:

1. Project narrative.
2. Ability to proceed.
3. Supportive services offered.
4. Organizational capacity.
5. Financial strength of the Respondent.
6. Ability of the Respondent to complete the project by the deadlines established.
7. Evidence of site control.
8. Needs analysis.
9. Proximity to services and employment.

PROTEST PROCESS

In accordance with the Brevard County Housing and Human Services Department's Appeals Procedure (HS-014): Any respondent, bidder or proposer, who is allegedly aggrieved in connection with the solicitation of pending award of a contract is entitled to an opportunity to appeal the decision and must file a formal written appeal to the Director within five (5) business days of the posted award recommendation.

TERMS AND CONDITIONS

1. Respondents acknowledge that all information contained within the response is public record to the extent required by State of Florida Public Records Laws. Sealed proposals are exempt from public record until the agency provides notice of decision or within ten (10) days after the proposal opening, whichever is earlier. Financial statements, if required, are exempt from disclosure under 119.071(1)(b)(c), Florida Statutes.
2. The County will not reimburse respondent for any costs associated with the preparation and submittal of any responses to this Request for Proposal (RFP).
3. The awards made pursuant to this RFP are subject to the provisions of Chapter 112, Part 111, Florida Statutes, "Code of Ethics for Public Officers and Employees". All respondents must disclose with their responses the name of any officer, director, or agent who is also an employee of the County. Further, all respondents must disclose the name of any County employee who owns, directly or indirectly, any interest of five percent (5%) or more in the respondent's firm or any of the respondent's branches/subsidiaries.
4. Respondents, their agents and associates shall refrain from discussing or soliciting any County official or member of the Affordable Housing Council (AHC) regarding this RFP during the selection process. Failure to comply with this provision will result in disqualification of the respondent. Only the designated liaison listed in this response may be contacted.
5. Respondents shall not discriminate as to race, color, gender, religion, familial status, disability, or national origin in the operations conducted under this RFP.
6. Due care and diligence must be exercised in the preparation of this RFP. The responsibility for determining the full extent of the services required rests solely with those making responses. Neither the County nor its representatives shall be responsible for exercising the professional judgment required in determining the final scope of services which may be required.
7. Respondents are responsible for full and complete compliance with all laws, rules, and regulations including those of the Federal Government, State of Florida, and applicable local ordinances. Failure or inability on the part of the respondents to have complete knowledge and intent to comply with such laws, rules, and regulations shall not relieve any respondent from its obligation to honor its response and to perform completely in accordance with its response.
8. The County, at its discretion, reserves the right to waive minor informalities or irregularities in any responses, request clarification/information from respondents, reject any and all responses in whole or in part, with or without cause, and accept any response, which in the County's judgment, will be in the County's best interest.
9. Any interpretation, clarification, correction, or change to the RFP will be made by written addendum issued by the Brevard County Housing and Human Services Department. Any oral or other type of communication concerning the RFP shall not be binding.
10. For good and sufficient reason, the County may amend the RFP. Should an amendment occur, notice will be provided via online post to website and via facsimile to all parties who requested an RFP. Vendors are responsible for ensuring they have received all addenda.
11. **Successful proposals must include a signed letter of approval (on letterhead) from an authorized official in the jurisdiction where the development is located approving the proposed development.**
12. Successful proposals must comply with all applicable requirements and conditions.

13. Projects must benefit very low to moderate income persons as determined by the Florida Housing Finance Corporation RFA.
14. All projects must be made affordable for a minimum of fifteen (15) years.
15. Funds may not be used for operating expenses.
16. As much as possible, construction must include accessibility compliance with the Americans with Disabilities Act (ADA) as stated in the Fair Housing Act Design Manual Standards and Chapter 11 of the Florida Accessibility Code for Building Construction (accessible front and rear entrances and sheltered from adverse weather conditions, have a bedroom, full kitchen, full bath and washer & dryer located on the ground floor).
17. Respondent must enter into a contract that will be provided by the County that incorporates the requirements of this RFP.
18. Respondent shall hold harmless, indemnify and defend the County, its Commissioners, employees, representatives and agents against any claim, action, loss, damage, injury, liability, cost and expense of whatsoever kind of nature arising out of or incidental to respondent's services under this Agreement.
19. Respondent, prior to the signing of a contract and before starting any work on this project, must submit all certificates of insurance as follows:
 - II Worker's Compensation – The insurance required by this section shall comply with the Florida Worker's Compensation Law and include employer's liability insurance with limits of not less than those required by the State of Florida or local jurisdiction, whichever is higher.
 - III Comprehensive General Liability – in an amount of no less than those required by the State of Florida or local jurisdiction, whichever is higher, including coverage for operations, products completed operations, broad form property damage, and bodily personal injury, insuring the Contractor and any other interests, including but not limited to, any associated or subsidiary companies involved in the project. The Comprehensive General Liability Insurance shall include contractual liability insurance applicable to the Contractor's obligations under the Rehabilitation Construction Agreement.
 - IV Liability Insurance - in an amount not less than \$1,000,000 for bodily injuries, including wrongful death to any one person, and subject to the same limit for each person, in an amount not less than \$1,000,000 for damages on account of all accidents. Policies shall name the Brevard County Board of County Commissioners as an additional insured, only in respect to liability arising out of operations on behalf of the Brevard County Housing and Human Services Department.
20. Respondents must attend an AHC recommendation meeting at a date and time to be determined, to be available to answer questions.
21. Respondents must also be present at the Board of County Commissioners meeting at a date and time to be determined, if the proposal is approved for funding by Florida Housing Finance Corporation.
22. At the time of award, Respondent must be in good standing with the federal, state, county and municipal governments.

APPLICATION

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APPLICATION CHECKLIST

Agency Name: _____

All of the items below must be included (per category) in the order listed or the submitted application is considered incomplete. Please do not include sample documentation with submission.

- Application Checklist
- Project Summary Narrative
- General Information (questions 1 through 10)
- Project Specific Information (questions 11 through 17)
- Organizational Capacity (questions 18 through 20)
- Attachment A – Operating Budget
- Attachment B – Proforma
- Attachment C – Agency Overall Budget
- Attachment D – Project Timeline
- Attachment E - Uses of Local Government Contribution
- Attachment F – Sworn Statement of Public Entity Crimes
- Attachment G – Respondent Certification and Acknowledgement
- Attachment H – Certifications
- Attachment I – Energy, Hardening and Preventive Maintenance Standards
- Attachment J – Location Matrix

APPENDICES TO APPLICATION

- APPENDIX 1 – Ability to Proceed
- APPENDIX 2 - Site Control
- APPENDIX 3 - Needs Analysis
- APPENDIX 4 - List of current Board Members*
- APPENDIX 5 - 501 (c) (3) certification or other IRS exemption letter*
- APPENDIX 6 - Articles of Incorporation/Bylaws*
- APPENDIX 7- Most recent Audit (must include management letter) or Financial Statement*
- APPENDIX 8 - Most recent 990 tax return*
- APPENDIX 9 – Letter of Approval from Local Jurisdiction where the project is located

NOTE: An application will not be considered if any section of the application is incomplete or if a required item is missing. Applications submitted after a published due date will not be considered.

I acknowledge that all of the required items listed above are included in this application and if any are found to be missing, the application will not be accepted for consideration.

Signature/Title/Date

***Note: you only need to include these items in your original copy and not in your 11 copies.**

HOUSING APPLICATION

I. PROJECT SUMMARY NARRATIVE

Provide written summary of project, including amount requested, project site location, number of units and targeted population/community (1 page maximum).

II. GENERAL INFORMATION

1. Organization Name: _____
2. Organization Address: _____
3. Federal Employer Identification Number: _____
4. Contact Person/Title: _____
5. Phone Number: _____ Fax Number: _____
6. Email Address: _____
7. Additional Contact Person/and Phone Number: _____

8. Project Name: _____
9. Project Address(es): _____

10. Name of Local Jurisdiction in which development(s) is/are located: _____

11. Corresponding Florida Housing Finance Corporation RFP #: _____

III. PROJECT SPECIFIC INFORMATION - RENTAL

12. Request Category (please check all that apply):
 Acquisition New Construction
 Single Family Structure Multi-Family Structure
13. TOTAL funding requested from Brevard County for this project: \$ _____
14. Ability to proceed. Show proof of appropriate zoning and availability of utilities.
(Appendix 1)

15. Project breakdown by unit, unit size and income level to be served. Show actual number of units for each category. Please list address(s) of all units requesting funding.

| Income Level | Extremely Low 0-30% AMI | Very Low >31% - 50% AMI | Low >51% to 60% AMI | Low >61% to 80% AMI |
|--------------|----------------------------|-------------------------------|------------------------|---------------------------|
| Studio | | | | |
| 1-Bedroom | | | | |
| 2-Bedroom | | | | |
| 3-Bedroom | | | | |
| 4-Bedroom | | | | |
| TOTAL: | | | | |

Total Units: _____

16. Description of supportive services/resident programs, if applicable.
17. Provide proof of site control (i.e. effective sales contract/proof of ownership etc.) (**Appendix 2**)
18. Must provide a Needs Analysis to (**Appendix 3**) to include the following:
 - a. Type and number of housing units planned.
 - b. Show evidence of proximity and Limited Development Area.
 - c. Adverse impact to other existing affordable housing developments.
 - d. Any special advantages to the development for attracting renters (**i.e. energy efficient enhancements, proximity to services etc.**)

IV. ORGANIZATIONAL CAPACITY

18. Please provide information on your organization’s housing accomplishments over the past five (5) years. Include experience with affordable housing projects. Include experience with affordable housing projects. Include summary of affected staff experience, including organization chart with names/titles and designation of (full time/part time) paid status.
19. Provide a list of current board members (**Appendix 4**), a copy of your 501 (c) (3) or other IRS tax-exemption determination letter from the IRS (**Appendix 5**); a copy of your Articles of Incorporation/copy of your most current by-laws (**Appendix 6**). **Note: you only need to include these items in your original copy and not in your 11 copies.**
20. Provide a copy of the most recent audit (must include management letter) (**Appendix 7**). The most recent fiscal year-end financial statement is acceptable if agency audit is not required (**Appendix 7**). Most recent 990 IRS tax return must be included (**Appendix 8**). **Note: you only need to include these items in your original copy and not in your 11 copies.**

IV. ATTACHMENTS AND APPENDICES

21. Must include: **Attachments A-J and Appendices 1-9**

ATTACHMENT A

OPERATING BUDGET

| <u>OPERATING INCOME</u> | <u>Annual Amount</u> |
|--|----------------------|
| 1. Gross rent potential | _____ |
| 2. Vacancy allowance (___% of Line 1) | _____ |
| 3. Effective gross rent (Line 1 minus Line 2) | _____ |
| 4. Other income (specify) | _____ |
| 5. Reserve for Bad Debt | _____ |
| 6. Effective Gross Income (Lines 3 plus Line 4 minus Line 5) | _____ |

OPERATING EXPENSES

| <u>Management</u> | <u>Annual Amount</u> |
|-----------------------------------|----------------------|
| 7. Management fee | _____ |
| 8. Management staff costs | _____ |
| 9. Legal fees | _____ |
| 10. Accounting/audit fees | _____ |
| 11. Advertising/marketing | _____ |
| 12. Telephone | _____ |
| 13. Office supplies | _____ |
| 14. Other administrative expenses | _____ |
| Subtotal | _____ |

Maintenance

| | |
|--|-------|
| 15. Maintenance staff costs | _____ |
| 16. Elevator (if any) | _____ |
| 17. Other mechanical equipment (specify) | _____ |
| 18. Decorating (specify) | _____ |
| 19. Routine repairs and supplies | _____ |
| 20. Exterminating | _____ |
| 21. Lawn and Landscaping | _____ |

OPERATING BUDGET CONTINUED

| | |
|---------------------------|-------|
| 22. Garbage/trash removal | _____ |
| 23. Other (specify) | _____ |
| Subtotal | _____ |

| | |
|------------------|----------------------|
| <u>Utilities</u> | <u>Annual Amount</u> |
|------------------|----------------------|

| | |
|---------------------------------------|-------|
| 24. Electricity | |
| a. Residential | _____ |
| b. Commercial areas | _____ |
| c. Common areas | _____ |
| 25. Heat and hot water (specify fuel) | |
| a. Residential | _____ |
| b. Commercial areas | _____ |
| c. Common areas | _____ |
| 26. Sewer and water | _____ |
| Subtotal | _____ |

Taxes/Insurance/Reserve

| | |
|---|-------|
| 27. Property insurance | _____ |
| 28. Real estate taxes (estimated value of \$ _____ Times projected tax rate of \$ _____/\$1,000) | _____ |
| 29. Reserve for replacement | _____ |
| 30. Operating deficit reserve | _____ |
| Subtotal | _____ |

| | |
|---|-------|
| 31. Total Operating Expenses (Lines 7 through 31) | _____ |
|---|-------|

INCOME AVAILABLE FOR DEBT SERVICE

| | |
|--|-------|
| Effective Gross Income (Line 6) | _____ |
| Minus Total Operating Expenses (Line 32) | _____ |
| 32. Net Operating Income | _____ |
| 33. Debt Service Coverage Ratio Required by Lender | _____ |

ATTACHMENT B

PROFORMA

Use a proforma (sample below) to predict the long-term cash flow from the project. The proforma is based on assumptions of occupancy, rents, and expenses during the affordability period. It is easiest to estimate a steady growth rate for rents, vacancies and expenses, and set fees as a consistent percentage of gross effective income.

| | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
|-----------------------------------|------|------|------|------|------|------|------|------|------|
| Gross Rental Inc. @ 3% | | | | | | | | | |
| Less Vacancy/Collection Loss @ 7% | | | | | | | | | |
| Plus Other Income | | | | | | | | | |
| Effective Gross Income. | | | | | | | | | |
| Less Management Fee @ 7% | | | | | | | | | |
| Less Op. Exp. @ 5% | | | | | | | | | |
| Less Partnership Mgmt. Fee | | | | | | | | | |
| Less Reserve For Replacements | | | | | | | | | |
| NOI (Net Operating Income) | | | | | | | | | |
| Less Debt Service | | | | | | | | | |
| Net Cash Flow | | | | | | | | | |

sample

ATTACHMENT C
AGENCY OVERALL BUDGET

| Revenue | Agency Budget Last Fiscal Year | Agency Budget Current Fiscal Year |
|--|-----------------------------------|--------------------------------------|
| (1) State Grants | | |
| (2) Federal Grants | | |
| (3) Allocations Requested or Received from United Way | | |
| (4) Foundation/Trust Grants | | |
| (5) Client Fees/Shared Costs | | |
| (6) Cash Contributions or Donations | | |
| (7) In-kind | | |
| (8) Operating Reserve Funds | | |
| (9) Capital Reserve Funds | | |
| (10) Miscellaneous & Other Funds** | | |
| TOTALS: | | |
| Expense Categories | Agency Budget Last Fiscal Year | Agency Budget Current Fiscal Year |
| a. Personnel | | |
| b. Fringe Benefits | | |
| c. Travel | | |
| d. Equipment | | |
| e. Supplies | | |
| f. Contractual | | |
| g. Insurance | | |
| h. Maintenance | | |
| i. Training & Conferences | | |
| j. Direct Assistance to Clients | | |
| k. Fees & Dues | | |
| l. Miscellaneous & Other Funds** | | |
| TOTAL: | | |

**Please explain any "miscellaneous" or "other" sources or expenses on separate sheet.

ATTACHMENT D

PROJECT TIMELINE

Develop timeframe based on number of days from the time of Board of County Commissioner (BOCC) contract signing.

| Project Benchmark | Number of Days from Contract Signing |
|--|---|
| 1. Project Start | |
| 2. Project Acquisition | |
| 3. Plan and design phase (if necessary) | |
| 4. Planning and Zoning permitting | |
| 5. Site Engineering | |
| 6. Pre-bid conference | |
| 7. Construction time to substantial completion | |
| 8. Final completion (#7 plus 30 days) | |
| 9. Rent-up or resale (as appropriate) | |
| Total number estimated days for project | |

ATTACHMENT E

USES OF LOCAL GOVERNMENT CONTRIBUTION

| Amount of Local Government Request | Source |
|------------------------------------|---|
| | Brevard County Board of County Commissioners |

| | Itemized Cost | Actual Costs |
|----|---|--------------|
| A. | Acquisition Costs | |
| 1 | Land | |
| 2 | Existing Structures | |
| B. | Site Work | |
| 1 | Site work (not included in construction contract) | |
| C. | Construction/Rehabilitation (construction contract costs) | |
| 1 | Site work | |
| 2 | New Building | |
| 3 | Rehabilitation | |
| D. | Architectural & Engineering Fees | |
| 1 | Architectural Fee - Design | |
| 2 | Architectural Fee - Supervision | |
| 3 | Consultant or Processing Agent | |
| 4 | Engineering Fees | |
| E. | Other Owner Costs | |
| 1 | Appraisal | |
| 4 | Soil Borings/ Environ. Survey | |
| 5 | Real Estate Attorney | |
| 6 | Construction Loan Legal | |
| 7 | Title and Recording | |
| F. | Interim Costs | |
| 1 | Construction Insurance | |
| 2 | Construction Interest | |
| 3 | Construction Loan Origination Fee | |
| G. | Permanent Financing Fees & Expenses | |
| 1 | Credit Report | |
| 2 | Permanent Loan Origination Fee | |
| 3 | Title and Recording | |
| 4 | Counsel's Fee | |
| H. | Developer's Fee | |
| I. | Project Reserves | |
| 1 | Rent-Up Reserves | |
| 2 | Operating Reserves | |
| J. | Tenant Relocation | |
| K. | Project Administration/Management | |
| 1 | Marketing/Management | |
| 2 | Operating Expenses | |
| 3 | Taxes | |
| 4 | Insurance | |
| L. | Total Uses (Development) | |
| M. | Total Sources (Development) | |
| N. | Difference | |
| O. | Additional Sources of Permanent Financing: | |
| | Owner's Equity | |
| | Loan: | |
| | Loan: | |
| | Total (compare to line L): | |

Please indicate source or use of funds or fees from other units of local government.

ATTACHMENT F

SWORN STATEMENT OF PUBLIC ENTITY CRIMES

RFP NO. _____

SWORN STATEMENT UNDER SECTION 287.133(3) (a) FLORIDA STATUTES ON PUBLIC ENTITY CRIMES

(To be signed in the presence of a Notary Public or other officer authorized to administer oaths.)

State of _____
County of _____

Before me, the undersigned authority, appeared _____ who, being by me first duly sworn, made the following statement:

1. The business address of _____ (name of respondent or contractor) is _____.
2. My relationship to _____ (name of respondent or contractor) is _____ (relationship such as sole proprietor, partner, president, vice president, etc.).
3. I understand that a public entity crime as defined in Section 287.133 of the Florida Statutes includes a violation of any State or Federal law by a person with respect to and directly related to the transaction of business with any public entity in Florida or with an agency or political subdivision of any other State or with the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or such an agency or political subdivision and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
4. I understand that "convicted" or "conviction" is defined by the statute to mean a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any Federal or State trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, non-jury verdict, non-jury trial, or entry of a plea of guilty or nolo contendere.
5. I understand that "affiliate" is defined by the statute to mean (1) a predecessor or successor of a person or a corporation convicted of a public entity crime, or (2) an entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime, or (3) those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate, or (4) person or corporation who knowingly entered into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months.

(Draw a line through number 6 if number 7 applies)

6. Neither the respondent or contractor nor any officer, director, executive, partner, shareholder, employee, member of agent who is active in the management of the respondent or contractor nor any affiliate of the respondent or contractor has been convicted of a public entity crime subsequent to July 1, 1989.

7. There has been a conviction of a public entity crime by the respondent or contractor, or an officer, director, executive, partner, shareholder, employee, member or agent of the respondent or contractor who is active in the management of the respondent or contractor or an affiliate of the respondent or contractor. A determination has been made pursuant to Section 287.133(3) by order of Division of Administrative Hearings that is not in the public interest for the name of the convicted person or affiliate to appear on the convicted vendor list. The name of the convicted person or affiliate is _____.

A copy of the order of the Division of Administrative Hearings is attached to this Statement (with a line through paragraph number 6 if paragraph number 7 applies).

Sworn to and subscribed before me in the State and County first mentioned above on the _____ day of _____ 2015.

Affix Seal

Notary Public: _____

My commission expires _____

ATTACHMENT G

RESPONDENT CERTIFICATION AND ACKNOWLEDGEMENT

1. The Respondent certifies that the information in this Application is true, correct, and authentic.
2. The Respondent acknowledges that Brevard County may conduct its own independent review, analysis and verification of all information contained in this Application.
3. The Respondent and all Financial Beneficiaries have read and will abide by the applicable Florida Statutes 420.907 and Section 67-37 Florida Administrative Code.
4. The undersigned is authorized to bind all Financial Beneficiaries to this certification and warranty of truthfulness and completeness of the Applications.
5. The Respondent certifies that governmental assistance has/has not been provided to the proposed project and will notify the County if assistance is requested or received in the future.
6. If non-profit, this application has been duly authorized by a resolution or other board action and also gives signature authority as reflected in board minutes.

Authorized Official (signature)

Witness (signature)

Name and Title (typed or printed)

Name and Title (typed or printed)

Date

Date

ATTACHMENT H
CERTIFICATIONS

*(Suspension/Debarment, Drug-Free Workplace,
and Environmental Tobacco Smoke Form)*

1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the respondent organization) certifies to the best of his or her knowledge and belief, that the respondent, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

(a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency; and

(b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; and

(c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and

(d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the respondent not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The respondent agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion--Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions with sub-grantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the respondent organization) certifies that the respondent will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76 by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition; and

(b) Establishing an ongoing drug-free awareness program to inform employees about--

(1) The dangers of drug abuse in the workplace;

(2) The grantee's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs;

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace; and

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above; and

(d) Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--

(1) Abide by the terms of the statement;

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five (5) calendar days after such conviction; and

(e) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), and (e).

3. Certification Regarding Environmental Tobacco Smoke

F.S. 386.201–212, the Florida Clean Indoor Air Act, has as its purpose to protect the public health, comfort, and environment by creating areas in public places and at public meetings that are reasonably free from tobacco smoke by providing a uniform statewide maximum code. This part shall not be interpreted to require the designation of smoking areas.

(1) "Public place" means the following enclosed, indoor areas used by the general public:

(a) Government buildings; (b) Public means of mass transportation and their associated terminals not subject to federal smoking regulation; (c) Elevators; (d) Hospitals; (e) Nursing homes; (f) Educational facilities; (g) Public school buses; (h) Libraries; (i) Courtrooms; (j) Jury waiting and deliberation rooms; (k) Museums; (l) Theaters; (m) Auditoriums; (n) Arenas; (o) Recreational facilities; (p) Restaurants which seat more than 50 persons; (q) Retail stores, except a retail store the primary business of which is the sale of tobacco or tobacco related products; (r) Grocery stores; (s) Places of employment; (t) Health care facilities; (u) Day care centers; and (v) Common areas of retirement homes and condominiums.

(2) "Public meeting" means all meetings open to the public, including meetings of homeowner, condominium, or renter or tenant associations unless such meetings are held in a private residence.

(3) "Common area" means any hallway, corridor, lobby, aisle, water fountain area, restroom, stairwell, entryway, or conference room in any public place.

By signing the certification, the undersigned certifies that the respondent organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services as defined by the Act.

The respondent organization agrees that it will require that the language of this certification be included in any sub-awards, which contain provisions for services and that all sub-recipients shall certify accordingly.

The Housing and Human Services Department strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products.

| | |
|---|----------------|
| SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL | TITLE |
| RESPONDENT ORGANIZATION | DATE SUBMITTED |

ATTACHMENT I

**ENERGY, HARDENING AND PREVENTIVE MAINTENANCE
PERFORMANCE STANDARDS FOR AFFORDABLE HOUSING**

The contractor will be responsible to achieve a minimum HERS Index rating of 70 or lower while maintaining or improving indoor air quality, durability, life safety, hazard mitigation, and cost effectiveness. HERS ratings above 70 may be allowed and will be considered on a case by case basis given unit conditions and cost versus benefits. Activities shall be consistent with efficiency levels in the Building America Program, created by the US Department of Energy in cooperation with the Florida Solar Energy Center, and established state and local building codes and shall include some or all of the features as follows. Please note which energy efficient or mitigation features will utilized in the proposed project.

Typical Energy Efficient Activities:

| Typical Low Cost Features: | Typical Moderate to High Cost Features: |
|--|---|
| Manage air flow in structure | Upgrade HVAC system |
| Seal the building envelope | Install Energy Star Appliances |
| Segregate and maintain combustion equipment | Consider placement of return & delivery registers and ducts |
| Provide adequate Ventilation | Replace windows |
| <ul style="list-style-type: none"> • Exhaust venting • Whole house ventilation | Hazard Mitigation Features: |
| Seal and insulate ducts | Truss strapping |
| Increase insulation | High impact windows |
| Radiant barriers | Storm shutters |
| Install programmable thermostats | Metal or composite roofing |
| Light colored/reflective roofing materials | Roof decking |
| Light colored/reflective exterior wall paint | Gable bracing |
| Low-flow showerheads | Garage door bracing |
| High efficiency indoor and outdoor lighting | Exterior doors |
| Ceiling fans | |
| Tile flooring | |
| Window films | |

Suggested mitigation activities:

| Area | Mitigation Activity |
|---|---|
| <p>Roof Depending on the condition of existing roof, if work needs to be done, look to do maximum for energy efficiency, hardening and preventive maintenance.</p> | <ol style="list-style-type: none"> 1. Radiant Barrier 2. Strapping Trusses/to code 3. Gable Bracing/to code 4. White/Light Color Shingles/30 yr. Dimensional/Peel and Stick 5. Metal Roof/light color/50 yr. |
| <p>Ceiling When insulation is less than R-38</p> | <ol style="list-style-type: none"> 1. R-30 ceiling insulation |
| <p>Walls When exterior walls need to be sealed and painted.</p> | <ol style="list-style-type: none"> 1. White/Light exterior walls, using high quality mastic material. |
| <p>Windows</p> | <ol style="list-style-type: none"> 1. High performance Double Pane Low – E Vinyl |

| Area | Mitigation Activity |
|--|--|
| When windows are bad, replace all. If windows are good, apply reflective tinting/screens on South and West windows. If possible replace South and West windows Repair East and North windows if possible. Hardening, Install Hurricane Shutters. | Windows 2. When applicable replace west windows with double pane low- E Vinyl. If replacing windows, minimize window size on south and west side of building to reduce heat intrusion. 3. Install Hurricane Shutter System. Accordion. |
| <u>Floor</u> | 1. 100% Tile or Stained Concrete |
| <u>Infiltration</u> Perform Blower Door Test | 1. Seal all air leaks 2. Retest with Blower Door Test |
| <u>Whole House Ventilation</u> | 1. Passive Outside Air Ventilation |
| <u>Cooling and Heating</u> | 1. Heat Pump, 14 Seer, Programmable Thermostat |
| <u>Duct System</u> Perform Test. Replace duct system when possible and necessary | 1. Replace duct with maximum 5% leakage, goal is Zero leakage 2. R-8 duct |
| <u>Water Heating</u> | 1. Tank-less System. 2. Solar Water Heater, Passive ICS type, if existing tank is suitable and system appropriate for home. Insulate tank and all pipes. 3. Or with tank, install hot water conversion from A/C or Heat Pump. Insulate tank and all pipes. |
| <u>Appliances</u> | 1. All appliances Energy Star-rated or higher. |
| <u>Lighting</u> | 1. 100% Compact Fluorescent Lighting (CFL) interior and exterior. |
| <u>Water Use</u> | 1. Low Flush Toilets 2. Dual Flush Toilets 3. Florida Friendly Landscaping (low-maintenance landscapes) |

ATTACHMENT J
LOCATION MATRIX

ATTACHMENT J

PROXIMITY TO SERVICES AND EMPLOYMENT

Date:

| Name of Project/Address of Potential Site: | | Proximity (Yes or No) | | | Impact on Residents Evaluation | Neutral-1 Point/Positive-2 Points/Ideal-3 Points | Comment or Explanation |
|--|---|-----------------------------------|------------------------|-------------------------------|--------------------------------|--|------------------------|
| Existing Service Location | | 1/2 Mile Walking Distance 1 point | 5 Miles by Car 1 point | 30-45 Minutes Transit One-Way | Point Evaluation | | |
| 1 | Adult Day Care * | As many as apply | | | | | |
| 2 | Bank | | | | | | |
| 3 | Active Bus Line | | | | | | |
| 4 | Child Care * | | | | | | |
| 5 | Clinic * | | | | | | |
| 6 | Community Center * | | | | | | |
| 7 | Convenience Store | | | | | | |
| 8 | Department Store | | | | | | |
| 9 | Drug Store * | | | | | | |
| 10 | Major Employment Centers (non retail) | | | | | | |
| 11 | Government Services | | | | | | |
| 12 | Health Center * | | | | | | |
| 13 | Hospital | | | | | | |
| 14 | Laundromat | | | | | | |
| 15 | Library | | | | | | |
| 16 | Local Retail | | | | | | |
| 17 | Medical Office * | | | | | | |
| 18 | Movie Theater | | | | | | |
| 19 | Park | | | | | | |
| 20 | Place(s) of Worship | | | | | | |
| 21 | Playground | | | | | | |
| 22 | Restaurant * | | | | | | |
| 23 | School * | | | | | | |
| 24 | Shopping Center | | | | | | |
| 25 | Super Market | One Mile or Less (3PTS) | 2-5 Miles (2 PTS) | 6-10 Miles (1 PT) | | | |
| | Must choose only one | | | | | | |
| 26 | Police | | | | | | |
| 27 | Fire/Rescue | | | | | | |
| 28 | Existing Water/Utility Line | | | | | | |
| 29 | Existing Sanitation/Sewer Utility Line | | | | | | |
| 30 | Existing Category 1-3 Hurricane Shelter * | | | | | | |
| TOTAL POINTS | | | | | | | |

*Points may be added if service is part of proposed PUD or RPUD

PROXIMITY TO SERVICES AND EMPLOYMENT

Date: _____

| Name of Project/Address of Potential Site | Building Service Location | Proximity (Type or No) | Impact on Resident Evaluation - Weight | | | Comment or Explanation |
|--|---------------------------|-------------------------|--|-------------------|-------------------|------------------------|
| | | | 1 Person/2 Points | 2 Person/3 Points | 3 Person/4 Points | |
| 1 Adult Day Care * | As many as apply | | | | | |
| 2 Bank | | | | | | |
| 3 Active Bus Line | | | | | | |
| 4 Child Care * | | | | | | |
| 5 Church * | | | | | | |
| 6 Community Center * | | | | | | |
| 7 Convenience Store | | | | | | |
| 8 Department Store | | | | | | |
| 9 Drug Store * | | | | | | |
| 10 Major Employment Center (non retail) | | | | | | |
| 11 Government Services | | | | | | |
| 12 Health Care * | | | | | | |
| 13 Hospital | | | | | | |
| 14 Landmark | | | | | | |
| 15 Library | | | | | | |
| 16 Local Retail | | | | | | |
| 17 Medical Office * | | | | | | |
| 18 Movie Theater | | | | | | |
| 19 Park | | | | | | |
| 20 Place(s) of Worship | | | | | | |
| 21 Playground | | | | | | |
| 22 Recreational * | | | | | | |
| 23 School * | | | | | | |
| 24 Shopping Center | | | | | | |
| 25 Super Market | | | | | | |
| 26 Motel | Must choose only one | One Mile or Less (3PTS) | 2.5 Miles (2PTS) | 4.0 Miles (1PT) | | |
| 27 Fire Station | | | | | | |
| 28 Building Water Utility Line | | | | | | |
| 29 Building Sanitary Sewer Utility Line | | | | | | |
| 30 Building Gas/Low Voltage Utility Line * | | | | | | |
| TOTAL POINTS | | | | | | |

*Points may be added if not in project impact report

ATTACHMENT K

LOCAL GOVERNMENT VERIFICATION OF CONTRIBUTION - LOAN FORM

Name of Development: _____

Development Location: _____
(At a minimum, provide the address number, street name and city, and/or provide the street name, closest designated intersection and either the city (if located within a city) or county (if located in the unincorporated area of the county). If the Development consists of Scattered Sites, the Development Location stated above must reflect the Scattered Site where the Development Location Point is located.)

On or before the Application Deadline, the City/County of _____, committed
(Name of City or County)

\$ _____ (which may be used as a Non-Corporation Funding Proposal in the Application if it meets the
(loan amount)

required criteria) in the form of a reduced interest rate loan to the Applicant for its use solely for assisting the proposed Development referenced above.

The net present value of the above-referenced loan, based on its payment stream, inclusive of a reduced interest rate and the designated discount rate (as stated in the applicable RFA) is: \$ _____.

No consideration or promise of consideration has been given with respect to the loan. For purposes of the foregoing, the promise of providing affordable housing does not constitute consideration. The commitment for this loan is effective as of the Application Deadline referenced above, and is provided specifically with respect to the proposed Development.

CERTIFICATION

I certify that the foregoing information is true and correct and that this commitment is effective at least through the date required in the applicable RFA.

Signature Print or Type Name

Print or Type Title

This certification must be signed by the chief appointed official (staff) responsible for such approvals, Mayor, City Manager, County Manager /Administrator/Coordinator, Chairperson of the City Council/Commission or Chairperson of the Board of County Commissioners. If the contribution is from a Land Authority organized pursuant to Chapter 380.0663, Florida Statutes, this certification must be signed by the Chair of the Land Authority. One of the authorized persons named above may sign this form for certification of state, federal or Local Government funds initially obtained by or derived from a Local Government that is directly administered by an intermediary such as a housing finance authority, a community reinvestment corporation, or a state-certified Community Housing Development Organization (CHDO). Other signatories are not acceptable. The Applicant will not receive credit for this contribution if the certification is improperly signed. To be considered for points, the amount of the contribution stated on this form must be a precise dollar amount and cannot include words such as estimated, up to, maximum of, not to exceed, etc.

If the Application is not eligible for automatic points, this contribution will not be considered if the certification contains corrections or 'white-out' or if the certification is altered or retyped. The certification may be photocopied.

Please note: This form may be modified by Florida Housing Finance Corporation per Section 67-60.005, F.A.C.

(Form Rev. 01-14)

RFA _____

ATTACHMENT L

ADVERTISEMENT, REVIEW & APPROVAL PROCESS

A. Public Notification

1. The request for proposal will be advertised in a Florida Today and placed on the Brevard County Housing and Human Services Department Website.
2. Applications will be accepted from the date of issuance of an applicable RFA by Florida Housing Finance Corporation and must be received no later than twenty-one (21) business days prior to the due date.

B. Review and approval

1. All applications submitted will be reviewed by staff against for compliance and for consistency with the Board approved Brevard County HOME Consolidated Plan and the State Housing Initiative Partnership (SHIP) Local Housing Assistance Plan.
2. All compliant applications will be forwarded to the Affordable Housing Council for review, scoring, and selection.
3. Local Government Verification of Contribution Forms will be completed by staff applicants selected by the Affordable Housing Council and forwarded to the Board Chair for approval after review and approval by the County Manager's Office.
4. **In all cases final funding approval is contingent on approval of funding from Florida Housing Finance Corporation and the Brevard County Board of County Commissioners.**

B. Scoring Criteria

Each organization will be scored utilizing the following criteria and score sheet:

1. Project narrative.
2. Ability to proceed.
3. Supportive services offered.
4. Organizational capacity.
5. Financial strength of the Respondent.
6. Ability of the Respondent to complete the project by the deadlines established.
7. Evidence of site control.
8. Needs analysis
9. Proximity to services and employment.

ATTACHMENT M

SCORE SHEET

AGENCY: _____

PROGRAM: _____

| Description | Points Available | Points Awarded |
|--|-------------------------|-----------------------|
| Project Narrative | 1-10 | |
| <ul style="list-style-type: none"> • Does the Project Narrative clearly describe the scope of work. • Does the Project Narrative identify the site location, number of units and targeted population. | | |
| Ability to Proceed | 1-10 | |
| <ul style="list-style-type: none"> • Did the application provide the status of Site Plan and Plat approval • Is the proposed development site appropriately zoned and consistent with local land use regulations regarding density and intended use? • Is the applicant able to obtain water and electrical services for the proposed site. | | |
| Supportive Services offered | 1-5 | |
| <ul style="list-style-type: none"> • What type of supportive services are planned for the proposed development? • Does the supportive services offered assist tenants with stabilizing their housing situation and underlying problems? | | |
| Description | Points Available | Points Awarded |
| Organizational Capacity | 1-15 | |
| <ul style="list-style-type: none"> • Does the agency personnel possess the needed Licenses and/ certifications to complete the project? • Does the agency have prior experience with this type project? | | |
| Financial Strength of Respondent | 1-15 | |
| <ul style="list-style-type: none"> • Has the agency identified the funding necessary to complete this project? • Does the agency have any areas of noncompliance with funding, regulatory or licensing bodies? | | |

| | | |
|--|-------------|--|
| | | |
| Ability to Complete Project by Deadline | 1-10 | |
| <ul style="list-style-type: none"> • Does the agency have sufficient staff on hand or the ability to hire the staff necessary to complete the project? • Does the agency have on hand or have indentified the needed financial resources to complete the project in the timeframe allotted? | | |
| | | |
| Evidence of Site Control | 1-15 | |
| <ul style="list-style-type: none"> • Has the agency/developer secure a signed contract for the proposed site? • Has the agency/developer acquired a deed or certificate of title for the proposed site? • Does the agency/developer have a lease with unexpired terms for the proposed site? | | |
| | | |
| Needs Analysis | 1-10 | |
| <ul style="list-style-type: none"> • Are the types and number of housing units defined? • Is evidence of proximity and limited development area provided? • Is there an adverse impact to other existing affordable housing? • Are there any special advantages for attracting renter (i.e. energy efficient, enhancements, proximity to services, etc.) ? | | |
| | | |
| Proximity to Services & Employment | 1-10 | |
| <ul style="list-style-type: none"> • Did the applicant accurately complete the location matrix? • Is the proposed development in close proximity to services and employment? • Is there transportation available to allow for access to services and employment? • | | |
| | | |
| TOTAL AVAILABLE POINTS - 100 | | |

AREAS NEEDED FOR IMPROVEMENT: For a total score less than 60, please provide the agency with detailed suggestions for improvement.

Board Member Signature & Date: _____